COUNTY:	DATE: TIME: LOCATION:
Meeting called by: Facilitator: Timekeeper:	Type of meeting: <u>Unified State Planning</u> Note taker:
Community Organization Participants:	Faith-Based Participants:
Additional Participant Information	
WA State Corporation Office:	State Education Agencies:

WCNCS Commissioners:	Observers/ Special Guests:
WCNCS Staff:	Other:
Agenda to be followed:	

Major Priorities, Objectives And Activities Identified In This Community			

Implementation Plan for Addressing Priorities, Objectives, And Activities (Three-year timeline)				
Year 1	Year 2	Year 3		

Parties/Organizations Responsible for Implementation of Plan and Accepted Responsibilities				
Name of Party/Organ	Name of Party/Organization		Responsibility	
Traine of Farty Organi	Name of Party/Organization		responsionry	
Resources				
Resources Needed	Provid	ed By	Notes/Comments	

Strategies For Sustainability				
Anticipated Outcomes And Timeline For Accomplishment				
Anticipated Outcomes And Timeline For Accomplishment				